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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Pasricha P. § ART UNIT:
§
FILED: September 19, 2003 §
§
SERIAL NO.: 10/665,770 § EXAMINER:
§
FOR: Treatment of Irritable Bowel Syndrome §
and Related Bowel Diseases § DOCKET:
§ D 6 4 7 5

Commissioner of Patents
P.O. Box 1450
MS DD
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT UNDER 37 CFR 1.97(b)

Dear Sir:

Enclosed herewith for filing under 37 C.F.R. 1.97(b) in the above-referenced matter is form PTO-1449 together with copies of the references listed therein. If any questions remain, the Examiner is respectfully requested to call the undersigned attorney at (713)-270-5391.

Respectfully submitted,

Date: 5/24/04
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Counsel for Applicant



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CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8

Dear Sir:

I hereby certify under 37 CFR 1.8 that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to: Commissioner of Patents, BOX DD, Alexandria, VA 22313.

- 1) Information Disclosure Statement;
- 2) Information Disclosure Statement Cover Letter;
- 3) PTO Form 1449 (Two References Cited); and
- 4) Postcard.

Please return the enclosed postcard acknowledging receipt of this correspondence.

Respectfully submitted,

Date: My 24, 2004
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**U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE****Information Disclosure
Statement**

DOCKET NO.:	D6475
SERIAL NO.:	10/665,770
APPLICANT:	Pasricha, P.
FILING DATE:	September 19, 2003
GROUP:	

U.S. PATENT DOCUMENTS

Examiner Initial	Document Number	Date	Name	Class	Subclass	Filing Date
	5,866,619	2/2/99	Sintov et al.	514	777	11/26/97
	5,525,634	6/11/96	Sintov et al.	514	777	2/10/94

FOREIGN PATENT OR PUBLISHED FOREIGN PATENT APPLICATION**Publication: Patent Cooperation Treaty (PCT)****Translation:****Document Number:** _____ **Date:** _____**Country:** _____**Class Or Subclass****Patent:** Yes **No** **X**
Title: _____**OTHER DOCUMENTS (Including Author, Title, Place of Date, Publication)****Examiner** _____ **Date Considered** _____**EXAMINER: Initial citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.**

Substitute Disclosure Form (PTO-1449)